PROVIDING OPPORTUNITIES THERE...

ANNUAL REPORT 2014
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OTHER PROJECTS
The Probitas Foundation has continued to support young people living in vulnerable situations, wherever they may be. Whether deep in the Amazon rainforest, living in refugee camps in Ecuador, or in the towns of Badalona or Murcia in Spain. In our view, all of them are important.

During 2014 we launched new initiatives, such as psychological support for young people in at risk situations, within the framework of the RAI-Cuida’m project. RAI-Casals has focused on supporting activities during August. Thanks to partnerships with local authorities and NGOs, we have managed to reduce costs and increase the number of beneficiaries.

Internationally, in addition to our work with other organizations, we have made big strides towards the self-sufficiency of our project to strengthen the clinical laboratory in Bamako. Unfortunately, Ebola has continued to have a negative impact on our projects in Africa, not only as a direct result of morbo-mortality from the epidemic, but also because of the collapse of the health system, which has deprived women of care during childbirth, and has prevented the treatment of children with malaria, pneumonia or diarrhea. As a result, the number of deaths from preventable diseases has increased significantly.

Once again, we would like to recognize the shareholders of Grifols for their support. It is thanks to their help that we are able to plan our interventions and to expand the scope of our activities.

Sergi Roura
President of the Board of Trustees

Marta Segú
Executive Director
WHO ARE WE?

We are a private, non-profit organization launched by Grifols in 2008 with the mission of transferring experience, resources and knowledge to vulnerable populations to drive change and social transformation.

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WHAT HAVE WE DONE WITH A THOUSAND EUROS IN 2014?

Infographics made with data of 2014
GLOBAL LABORATORY INITIATIVE

Under this model, launched in 2010, we have strengthened the capacities of 6 clinical diagnostic laboratories in 5 vulnerable regions of the planet. 73,596 patients have received medical care and 25,433 communicable and chronic diseases have been diagnosed.

**TUBERCULOSIS**
Although this disease still causes 1.5 million deaths per year, a total of 37 million lives were saved between 2010 and 2013 as a result of access to diagnosis and treatment.

**HIV/AIDS**
Of the 35 million people who live with this virus, 54.2% are unaware of their status. Only 14 million have access to treatment and care.

**MALARIA**
Although there were 584,000 deaths from malaria in 2013, 62% of patients suspected of having the disease received a rapid diagnostic test, compared with a figure of 40% for 2010.

**CHRONIC DISEASES**
Non-communicable diseases kill 38 million people per year. Only 50% of them know that they are sick.

This map represents the size of countries according to the absolute number of the most common preventable diseases (infectious diseases, maternal and infant mortality, and nutritional deficiencies). The majority of these deaths occur in the Southern Hemisphere.

*Source: Worldmapper*

Annual Report 2014
Probitas Foundation
STAGES OF THE GLI

With the aim of incorporating environmental criteria into the design of future GLI, throughout 2014 we have worked with specialists in Environmental Science and Biotechnology linked to the Autonomous University of Barcelona (UAB). The aim is to develop an ECO laboratory that delivers the sustainable management of waste and of water and energy resources.

We have implemented GLI software "SOFT-GLI" in the Kumasi and Ecuador projects, and this has delivered more efficient laboratory management, increased patient registration and improved the follow-up of test results. These health services are now able to perform epidemiological studies, enabling them to identify the distribution and frequency of diseases.

5 INTEGRATED HEALTH PROJECTS IMPLEMENTED

STAGE 1
- 7 needs assessments and situation analyses performed

STAGE 2
- Strengthening of 6 infrastructures and installation of 163 sets of laboratory equipment

STAGE 3
- 5,762 local staff trained

STAGE 4
- 3 transversal health programs implemented

MONITORING AND FOLLOW-UP OF 5 GLIs
WHY SOUTH AMERICA?

77% of the HIV cases reported in the Peruvian Amazon relate to the indigenous population. Migratory processes, cultural barriers, illegal extractive activities, and scarce and inadequate health services are some of the main causes.

Ecuador is the country that receives most refugees in the whole of South America. The 12,981 recognized refugees who have fled the armed conflict in Colombia have intensified the poverty rate of the Sucumbios border region. Without limited access to basic services, the situation of this population is even worse in a context of guerrillas, deforestation, trafficking of goods and extraction of oil.

GLI PERU

The adaptation of national HIV/AIDS guidelines to the reality of the indigenous population, incorporating an intercultural approach, has improved diagnosis, early treatment and follow-up of HIV/AIDS in Condorcanqui and Datem del Marañón, in the Peruvian Amazon. The project has also strengthened the capacities of 2 laboratories, provided equipment for the diagnosis of HIV/AIDS and patient monitoring, and has strengthened community participation and prevention.

GLI ECUADOR

Improving the equipment and infrastructure of a laboratory, increased coverage of public health programs in communities receiving refugees on the border and other community participation processes have delivered a 50% increase in the attendance rate of the Colombian population at the Puerto el Carmen health center.
Three years ago, Evaristo, a member of the Awajún indigenous community in the province of Condorcanqui in the Amazon Region, started to lose weight and become listless. His work cutting down trees for timber merchants left him exhausted. He took some herbs that in Awajún tradition are used to provide energy. But his poor health persisted.

It was then that Evaristo remembered his cousin, who had suffered the same symptoms and initially believed that he was the victim of witchcraft, but who then abandoned traditional treatments in favor of a visit to the health center at Huampami. He took a rapid HIV test and the result was positive. However, in order to receive antiretrovirals, Evaristo’s cousin had to wait until a confirmation result was received from Lima. He waited for several months, but by the time the result arrived it was already too late. Evaristo’s cousin had died.

As a result, Evaristo decided to attend the same health center. Unfortunately, his rapid HIV test was also positive. However, unlike his cousin he did not have to wait a diagnosis for confirmation from Lima before receiving treatment. Under the new Ministry of Health guidelines, if a patient tests positive on a second HIV test of a different brand from the original, the diagnosis is confirmed.

At the request of the medical staff, Evaristo’s wife also took the test, and the result was positive. Evaristo was unsure of how he had become infected, but suspected that it was as a result of unsafe sex.

There are two more differences between Evaristo’s case and that of his cousin. In addition to providing early treatment for HIV/AIDS as a result of a local confirmation test, the GLI project has also given Evaristo access to monitoring his immune status at the Condorcanqui Health Network reference laboratory. Implemented through the Spanish Committee for UNICEF and UNICEF Peru, this network of support in partnership with the Ministry of Health means that Evaristo will receive optimal care at the newly opened Center for Integrated Treatment of HIV/AIDS that, despite resource restrictions, offers antiretroviral drugs.
Colombian refugees: how health awareness can heal wounds

“The most significant development is that communities that receive refugees needed to know how to identify their many problems, to prioritize and address them, and to become involved in solving them.” After a year and a half as the local coordinator of GLI-Ecuador, Juan José Montero, a community doctor with 20 years of experience, summarizes how the 23 communities benefiting from the project have managed to overcome the restrictions arising from a challenging context and cease to be afraid of demanding their rights.

Fleeing from armed conflict in Colombia, border communities in Ecuador receive a constant trickle of refugees and applicants for asylum, many of whom have nothing more than the shirts on their backs. In total, there are around 50 communities on the banks of the Rivers San Miguel and Putumayo, on the Colombian border, that have limited access to basic services and have to coexist with guerrillas, smugglers, people traffickers, and oil wells.

For the GLI-Ecuador project, Oxfam Italia has been the UNHCR implementing partner, which in turn has worked with Probitas in the design of the intervention.

“Although the process is very slow, they felt a strong need for support. They always completed their tasks and have managed to improve hygiene by performing waste separation and improving the condition of storage tanks for drinking water,” explains Montero. An increase in community participation in aspects of their own health was one of the project’s three objectives.

Strengthening the laboratory of the Puerto del Carmen health center has made it possible to optimize its performance and increase coverage, recording a 74.91% increase in the number of tests. Finally, despite a lot of limitations, the river medical brigades have improved the coverage of public health programs among local communities.

Juan José Montero delivers a workshop in the community of Providencia
WHY AFRICA?

The mortality rate in children under five is 7 times higher in Africa than it is in Europe. Over half of these deaths are due to easily preventable diseases (malaria, diarrhea, and respiratory infections). Over 50% of the 800 women who continue to die every day as a result of complications during childbirth and pregnancy do so in sub-Saharan Africa.

GLI KUMASI (Ghana)

The implementation of the SOFT-GLI software in April and the training of 14 professionals has made possible to move from “paper and pen” to computerized laboratory management of the Maternal and Child Health Hospital (MCHH). With 13,211 patients digitalized in 9 months, the laboratory staff had the opportunity to identify a 43.09% annual fall in the number of cases of malaria diagnosed.

GLI LUNSAR (Sierra Leone)

During 2014, the works to upgrade the new laboratory were almost completed. However, Ebola had a major impact at the Saint John of God Hospital, and this affected progress of the project. To help cope with the outbreak, we sent a container of medical supplies, protective equipment and drugs.

GLI BAMAKO (Mali)

The residents of the Téléphone sans fils neighborhood now have greater confidence in the Valentin de Pablo health center, as a result of improvements to the laboratory. This service, which currently offers 46 different analytical tests, has recorded a 33% increase rate in the number of tests performed in one year.
One year after it first appeared, Ebola continues to devastate Sierra Leone. According to the WHO, there had been 3,546 deaths out of a total of 11,456 confirmed cases up until March 4. Transmission continues, with new cases being detected in Port Loko, the district where Mabesseneh Hospital is located and where Probitas runs the GLI-Lunsar project. Brother Michael Musa Koroma, the center’s director, told us about the reopening of the hospital following its six-month closure.

How many Ebola deaths have there been among hospital staff, and how has this affected progress of the project? Ten. As a result, staff are very afraid of making mistakes and of being infected. In addition, the cost of the vast number of safety measures required will have an impact on charges to patients, which are currently very low. At the same time, Manuel García Viejo, a missionary who played a vital role in emergency operations, will be very difficult to replace.

What is the current perception of the population with regard to Ebola? The disease is strange because it hasn’t behaved in the way people expected. Because its symptoms are similar to those of other common diseases, people only came to the hospital when it was already too late.

What diseases have gone untreated while the hospital was closed? Most diseases, such as malaria, respiratory infections, tuberculosis and complications in childbirth did not receive adequate treatment.

What do you think about the international response to the crisis? International mobilization was very slow and took a long time. International bodies have failed to provide a lead. They sent inexperienced administrators instead of field workers.

What are the key lessons of the response to the Ebola crisis? I think that health systems need to be strengthened, and also that we need to build up links between hospitals and local communities.

`Ultimately, the spiralling cost of safety will have an impact on patients`
Eleven years ago, Fakama Sissoko and Sissoko Django, with 8 children and 22 grand-children, made a decision that, without their realizing it, would change the future of Téléphone sans fils (TSF). This vulnerable neighborhood, nestling between the banks of the River Niger and the factories of the sprawling city of Bamako, has sprung up as a result of migratory flows related to rural exodus and industrial employment opportunities. Today, 15,000 people are recorded as living here with the fishermen of the Bozo ethnic group.

With no health center, school, electricity or sanitation, the population was caught in a poverty trap. “My husband and I were civil servants so we had a higher income. For that reason, in 2004 we decided to create a non-profit social association that would use contributions from people like ourselves to carry out actions that would be of benefit to the whole community,” explains the woman who is now the Vice-President of Mutuelle Benkan.

The organization has 789 members and represents and promotes the interests of the local population through 22 associations.

“Society has become more aware and more actively involved. Thanks to contact with various NGOs, we have managed to create a school, a health center and access to clean water,” Sissoko explains.

In this context, the GLI project implemented at the Valentin de Pablo health center has made it possible to offer diagnosis, treatment and prevention of the most common diseases in accordance with guidelines from the Ministry of Health.

“The GLI has delivered real health equity. The most vulnerable people now have access to high-quality biological diagnosis, and the results provide a basis for applying effective treatment, not just one based on empirical diagnosis,” explains Dr. Hssane Boré, the center’s medical director.

Now in its final stage, the installation of photovoltaic energy, support for sanitation, and improved pharmacy management at Valentin de Pablo health Centre will enable the Mutuelle Benkan to take other actions that have a general impact, and to take further steps towards sustainability.

**IMPACT OF GLI ON MEDICAL CONSULTATIONS AT VALENTÍN DE PABLO**

<table>
<thead>
<tr>
<th>Pre GLI</th>
<th>Post GLI</th>
</tr>
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<tbody>
<tr>
<td>10.000</td>
<td>15.000</td>
</tr>
<tr>
<td>5000</td>
<td>7000</td>
</tr>
<tr>
<td>0</td>
<td>500</td>
</tr>
</tbody>
</table>

302.9% in vaccination
12.5% in care for pregnant women
25.2% in appointments
"I don’t believe in chance; the only way to make things happen is through hard work. That’s why I took an interest in this project almost 3 years ago, and the Probitas Foundation gave me the opportunity of contributing to it. I have a background in health, and my professional experience has always been in the laboratory sector.

At that time, the Foundation needed to improve and merge the collection of data and samples from the laboratories it was supporting through the GLI program. So we set to work on creating a piece of software, SOFT-GLI, that is currently implemented in two GLI projects: GLI-Ecuador and GLI-Kumasi.

Approximately one year after I started working with the Foundation I made my first field visit. At the Kumasi MCHH Maternal and Child Health Hospital (Ghana) I was able to see first hand the chaos and overcrowding in the laboratory: 15 technicians squeezed into barely 15 square meters of space. Data was almost non-existent, and was registered by hand in a large book. The place was very dirty, the laboratory material was obsolete, the water and electricity supply was inadequate and the waste disposal policy was notable only by its absence. I couldn’t believe how much needed to be done!

After the visit, we met with the IT specialist within the framework of the SOFT-GLI project and we always wanted to go further: we wanted a stock control tool, the inclusion of analytical profiles, different levels of access and a whole host of other stuff.

On my second visit to Ghana, I could see the beginnings of a new laboratory, one characterized by a degree of order and cleanliness, and new material. My colleague and coordinator of international projects, Juan Ignacio Garcia, and I had the job of installing SOFT-GLI and training staff in its use.

Every evening we would walk back to the hotel and come across a ditch, an open sewer. We leapt over it. And I would say, "This is a development project, not an emergency project!"

Manel Ruiz
Grifols Movaco, Diagnostic Sales
Probitas Foundation volunteer
HOW GLI HAS EVOLVED?

<table>
<thead>
<tr>
<th>Year</th>
<th>GLI BAMAKO</th>
<th>GLI KUMASI</th>
<th>GLI LUNSAR</th>
<th>GLI ECUADOR</th>
<th>GLI PERU</th>
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<td></td>
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<td></td>
</tr>
<tr>
<td>2013</td>
<td></td>
<td></td>
<td>€ 11,416</td>
<td>€ 5,586</td>
<td>€ 133,487</td>
</tr>
<tr>
<td>2014</td>
<td></td>
<td></td>
<td></td>
<td>€ 70,748</td>
<td>€ 121,719</td>
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</tbody>
</table>

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One in four minors is at risk from poverty. In Spain only 1.4% of GDP is invested in children, compared to the European average of 2.2%. Since 2010, spending on this area has fallen by 6.370 million euros. With the RAI program, we have helped to mitigate this situation by providing:

- **SCHOOL MEAL SUPPORT**: 5,262 grants to guarantee at least one meal a day in the school cafeteria
- **CASALS D’ESTIU**: 2,253 grants to provide food and a safe environment during the summer months
- **HEALTHY HABITS**: 2 projects have promoted healthy habits in 774 beneficiaries
- **CUIDA’M**: 12 treatments for children with conditions and diseases not covered by Spain’s National Health System
RAI-SCHOOL MEAL SUPPORT

The new model for providing school meal support, introduced by the Education Department, has expanded coverage and established fairer criteria for the whole of Catalonia. However, many families remain unable to afford the co-payments the service requires, are excluded from social networks or do not meet the eligibility criteria despite suffering from poverty. This academic year, 113 head teachers, with the support of 19 social service departments, have provided 2,122 children with access to school meals with the help of Probitas. Our support has primarily consisted of supplementing the public support provided by the Education Department and some local authorities.

WHY IS ACCESS TO THE SCHOOL CAFETERIA SO IMPORTANT?

- **THE CAFETERIA IS A SPACE WHERE CHILDREN COME TOGETHER, BOTH TO PLAY AND TO LEARN, AND AS SUCH IT IS PARTICULARLY IMPORTANT FOR VULNERABLE KIDS**
- **IT ENSURES THAT AT-RISK YOUNG PEOPLE ARE GUARANTEED ONE NUTRITIONAL MEAL A DAY**
- **IT GUARANTEES FAIRNESS AND EQUAL OPPORTUNITIES WITHIN THE EDUCATIONAL SYSTEM**
- **IT HELPS TO COMBAT TRUANCY AND TO REDUCE DROP-OUT RATES**
**Direct Programs**

**RAI**

**Annual Report 2014**

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**Results**

**2012-13**

**Probitas Budget**

€ 419,848

- **Municipalities:** 10
- **School Principals:** 39
- **Social Services:** 10
- **Beneficiaries:** 1,114

**2013-14**

**Probitas Budget**

€ 715,848

- **Municipalities:** 17
- **School Principals:** 17
- **Social Services:** 89
- **Beneficiaries:** 2,026

**2014-15**

**Probitas Budget**

€ 743,618*

- **Municipalities:** 19
- **School Principals:** 19
- **Social Services:** 113
- **Beneficiaries:** 2,122

*Estimated budget

**Partners**

- Terrassa
- Barberà del Vallès
- Montcada i Reixac
- Santa Coloma
- Cornellà
- Sant Adrià del Besòs
- L'Hospitalet
- Barcelona
- Badalona
- Granollers
- Sant Joan Despí
- Mollet del Vallès
- Badia del Vallès
- Parets del Vallès
- Canovelles
- Salt
- Las Torres de Cotillas
- Alguazas
- Murcia

**Annual Report 2014**

Probitas Foundation
EATING AT SCHOOL, NOT JUST FROM THE FOODBANK

Like other 102,600 Catalan homes, Cinthia’s household has absolutely no family income. With an absent ex-husband and two 10 year-old twins, this 34 year-old Ecuadorian-born Spanish citizen attends the foodbank of a church in her neighborhood every day in search of sustenance.

“I’m very worried, but I try to make sure my kids don’t realize what I’m going through,” she explains. Since arriving in Barcelona in 2001, Cinthia has looked after children, cleaned houses and cared for the elderly, but for some time she has faced a persistent lack of resources. Having exhausted the 426 euro family benefit, “with which I performed miracles,” she is now waiting to receive basic income support.

Fortunately, her sons did not suffer the effects of the crisis in July and August, months during which they received funding from the Probitas Foundation for the RAI-Casal d’estiu. Although the aim of this program is to guarantee one balanced meal per day and a safe environment, “the kids were desperate to attend the summer camp,” their mum explains. If it wasn’t for the casal, “they’d just spend the whole day watching TV at home.”

During the school year, the boys can go to the cafeteria at their school free of charge, which guarantees them one balanced meal a day. During the previous school year, the Probitas Foundation helped them to meet half the cost of the school meal services. Now, thanks to a change in the support system, they receive full funding from the Catalan Government.

“It’s a big help and is really important to us. There’s a big difference between what they eat at home and what they eat at school,” Cinthia explains, pointing out that this is the only way for her children to get access to fresh products such as meat, fish, fruit and vegetables. And not having to pick them up at lunchtime gives her more time to look for a job.
RAI-CASALS D’ESTIU

23 summer day-care centers in July and only 7 in August. This statistic for the Ciutat Vella district of Barcelona shows the limited supply of places during a month when the whole city virtually shuts down. There are also significant social inequalities that influence access by vulnerable young people to these socio-educational opportunities.

As a result, this year we focused our efforts on August, organizing 6 new summer day-care centers on premises provided by the local authorities. Partnership with local, non-profit organizations has enabled us to provide 1,622 grants to socially vulnerable children during the summer months.

WHY ARE THEY IMPORTANT?

- They provide a safe, socially inclusive environment
- They improve social and cooperative skills
- They contribute to educational equality
- They give vulnerable minors access to leisure activities
- They are basic, strategic services that ensure adequate nutrition

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RESULTS

2013

- Local Authorities: 7
- Schools: 53
- Organizations: 25
- Grants in July: 408
- Grants in August: 223

2014

- Local Authorities: 14
- Schools: 150
- Organizations: 45
- Grants in July: 738
- Grants in August: 884

Total Grants in 2013: 631
Total Grants in 2014: 1622
RAI- HEALTHY HABITS

33% of under-14s in Spain are overweight or obese. Paradoxically, the majority of these cases are linked to poverty. In addition, there is hidden malnutrition due, among other factors, to a poor quality diet that lacks diversity, inappropriate cooking methods and lack of access to cooking facilities. The acquisition of healthy habits relating to nutrition, hygiene and sport in the first years of life is vital to the correct development of young people. We have therefore organized 3 Jornades socials with 235 beneficiaries, enabling 465 children to engage in after-school activities and lunchtime workshops, and we have helped to organize 74 workshops, including some in the community garden.

WHY ARE THEY IMPORTANT?

- They prevent childhood obesity
- They prevent cardiovascular diseases, endocrine disorders, and psychosocial consequences
- They promote young people’s mental development
- They build values associated with sport
- They involve families in nutrition
- They help young people to learn about healthy foods and where they come from

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Probitas Foundation
‘SOCIAL WORKSHOPS’

Thanks to the agreement signed with the Social Department of Barcelona Football Club we organized 3 workshops in the neighborhoods of Montcada, Badalona and Canovelles.

A partnership with 3 social services, the Comisión de Infancia de Badalona (Badalona Children’s Commission), 12 schools and the Fundación para el Secretariado Gitano (Foundation for the Gypsy Secretariat) has enabled 235 children and young people to participate in a project with the following objectives:

- Promote healthy habits through sport
- Transmit values of personal growth and empathy
- Raise awareness of the importance of acquiring healthy habits

The integrated project that we sponsored together with the Consorci de Badalona Sud (Badalona South Health Consortium) and cooperativa Encís delivered the following achievements:

- Combating sedentary lifestyles through 23 after-school activities (football and dance) that benefited 512 young people during two school years. Some teams have participated in sports competitions, led by their monitors, young people from the neighborhood who have been empowered and trained.
- Greater awareness of healthy habits for 73 young people participating in lunchtime workshops.
- 32 family-based activities focusing on healthy habits. Some of these activities took place in the community garden, which not only serves an educational purpose but has also become a meeting point for many neighborhood groups.

BENEFICIARIES BY AGE:

- 2 TO 13 YEARS: 63
- 6 TO 8 YEARS: 32
- 9 TO 11 YEARS: 140
RAI-CUIDA’M

There are young people with diseases or conditions that, although they seriously hinder their development and quality of life, are not covered by Spain’s National Health System. In 2013 we developed a protocol with the Social Work Unit of the Hospital Sant Joan de Déu and the Cuida’m Program under which we have offered treatment to 12 socially vulnerable young people.

WHAT HAVE WE ACHIEVED?

TREATMENT:

<table>
<thead>
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<th>DENTISTRY</th>
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<th>OPHTHALMOLOGY</th>
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</tr>
</thead>
<tbody>
<tr>
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<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

AND ALSO...

120 YOUNG PEOPLE HAVE BENEFITED FROM SPORTING ACTIVITIES AS A RESULT OF THE DONATION OF ADAPTED CHAIRS

400 ADOLESCENTS WITH GREATER AWARENESS OF OBSTACLES IN SPORT

2 PROFESSIONALS TRAINED IN AMBIT (program delivered by the Anne Freud Centre)
HOW RAI HAS EVOLVED?

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
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<td>€ 171,562</td>
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<tr>
<td>2013</td>
<td>€ 530,265</td>
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<tr>
<td>2014</td>
<td>€ 1,199,220</td>
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The aim of this project is to offer integrated support to children and young people aged 3 to 18, to ensure the physical, mental and emotional development that are essential to being able to live with dignity. The project’s initiatives include offering one square meal a day to young children, providing professional training for young people who lack resources, educational support, and the psychological and medical care and nutritional monitoring provided by the center’s nurse. As part of the program’s drive towards sustainability and self-sufficiency, the mothers of the children who attend the center have also clubbed together to engage in income-generating activities that will allow them to escape the vicious cycle of poverty in which they are trapped. A community garden, a mill for grinding millet, and a machine for hulling rice are the projects launched in 2015 and which represent these families’ best hope for the future. At Probitas we have provided support so that this dream can become a reality in the near future.
In addition to our own projects, we work in partnership with public–private organizations, providing economic resources, specialist technical support and visibility. The synergies we have established with several organizations through 22 projects represented a total investment of **744,807 euros** in 2014, helping to improve the quality of life of **1,144,602 people**.
HOW HAVE COLLABORATIVE PROJECTS EVOLVED?

2010
€ 435,264

2011
€ 804,716

2012
€ 781,038

2013
€ 858,092

2014
€ 744,807

Partnership Projects
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Health Infrastructure
Medical Care
Laboratory and Diagnostic Support
Education and Social Action
Food Security
27 children from countries with limited resources have seen their lives change as a result of access to complex medical treatments. Heart disease, stenosis and scoliosis are conditions that are difficult to treat in many parts of the world. That is why a total of 91 families have applied for this program, created by the Hospital de Sant Joan de Déu in 2004, of which Probitas has been the principal partner since 2012.
FUNDACIÓN BARRAQUER
OPENING PEOPLE’S EYES IN SENEGAL

With one ophthalmologist for every 130,000 people, the town of Richard Toll has a high rate of eye disease that has a devastating impact on social and economic productivity in this sugar-growing area. A team of two ophthalmologists and two optometrists from Fundación Barraquer has contributed to the fight against preventable blindness and visual impairment in the region.

PATIENTS TREATED
1,160
PAIRS OF GLASSES DISTRIBUTED
231

DIAGNOSED
96 Cataracts
400 Glaucomas

NUESTROS PEQUEÑOS HERMANOS
SPORT, HEALTH AND DEVELOPMENT

In this partnership project in marginal schools in Tabarre and Kenscoffe (Port-au-Prince), sport has helped orphans who were victims of the Haitian earthquake to increase their opportunities for growth and development. After receiving initial training in community health, 11 local trainers act as promoters of healthy behaviors and preventive measures in sexual health.

DIRECT BENEFICIARIES
1,150
COMMUNITY VOLUNTEERS

TEAMS TRAINED
2 Pending
3 Basketball
3 Football

HOURS OF TRAINING
22hrs Theory and football and basketball practice
6hrs In healthy behaviors

*Results at November 2014
VOIE DE L’ESPOIR
IMPROVEMENTS TO HEALTH CENTRE LABORATORY EQUIPMENT

Two laboratory teams have enabled this humanitarian center to perform blood tests, prescribe drugs correctly and reduce referrals and the use of empirical diagnosis. The center, with 11,136 users who live in the commune of Bigerville sur del Axe (Abidjan, Côte d’Ivoire) has filled the gap resulting from the almost total absence of health structures in the district.

VALL D’HEBRON INSTITUT DE RECERCA
IMPROVING THE QUALITY OF LIFE OF TUBERCULOSIS PATIENTS IN CUBAL

Although it is the leading cause of death and illness in rural Angola, there is no clear data recording how many people suffer from tuberculosis, in particular multidrug-resistant tuberculosis (MDR-TB), nor of how to manage treatment. The GeneXpert® diagnostic equipment installed during the first phase of this project will make it possible to identify the actual prevalence of the disease in the region and to provide early detection of MDR-TB in order to improve the prognosis for sufferers.

**PATIENTS TREATED**

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>9,279</td>
</tr>
<tr>
<td>2014</td>
<td>11,136</td>
</tr>
</tbody>
</table>

**BLOOD TESTS AND BIOCHEMICAL ANALYSES PERFORMED IN 2014**

<table>
<thead>
<tr>
<th>Test Type</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete blood counts</td>
<td>3,566</td>
</tr>
<tr>
<td>Biochemical analyses</td>
<td>8,385</td>
</tr>
</tbody>
</table>

*Results to December 2014

**Sensitivity studies**

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-2013</td>
<td>129 Performed</td>
</tr>
<tr>
<td>2014</td>
<td>371 Pending</td>
</tr>
</tbody>
</table>

**GeneXpert® techniques**

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-2013</td>
<td>72 Performed</td>
</tr>
<tr>
<td>2014</td>
<td>328 Pending</td>
</tr>
</tbody>
</table>

**Technicians Trained**

<table>
<thead>
<tr>
<th>Skill</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>in managing patients with tuberculosis</td>
<td>43</td>
</tr>
<tr>
<td>in the GeneXpert® technique</td>
<td>28</td>
</tr>
<tr>
<td>in laboratory management</td>
<td>7</td>
</tr>
</tbody>
</table>

*Results to August 2014
RED CROSS

IMPROVING THE FOOD SECURITY OF 1.500 MAASAI FAMILIES

The drought-prone district of Simanjiro now has three reservoirs that provide drinking water for livestock. Two training sessions to raise awareness about correct use of the water and 20 agrarian schools will also help to improve the nutritional status of 9,000 Maasai through the cultivation of maize, sorghum, sunflower, and beans.

PALLATIVOS SIN FRONTERAS

MEDICINES AND BEDS FOR TERMINALLY-ILL PATIENTS

Although palliative care is a low priority for Cameroon, there are organizations that fight for people’s right to have a dignified, pain-free death. Where before there were cots, now there are 6 folding beds in two units for the terminally patients in Bikop and Yaoundé, which attend a hundred people per year.

3 mills to produce and bottle sunflower oil

TERMINALLY ILL PATIENTS RECEIVING DRUGS

88

STUDENTS OF MEDICINE AND NURSING TRAINED IN PALLIATIVE CARE

194

TOWNS INCLUDED IN THE HOME-BASED PALLIATIVE CARE PROGRAM

28

*Results obtained to June 2014
ULLS DEL MÓN
REDUCTION OF PREVENTABLE BLINDNESS IN MOPTI

This project aims to implement an integrated and sustainable eye care system in this region of Mali, and has already trained 220 teachers in primary eye health and 23 health agents. As part of an awareness-raising program, 13,350 people have attended training sessions.

- 19,371 people receiving eye care
- 1,024 people undergoing cataract operations
- 154% of target
- 128% of target

UNRWA
CONTROLLING DIABETES AMONG PALESTINIAN REFUGEES IN JORDAN

The diagnosis of diabetes in the camps of Wihdat and Irbid has improved with the implementation of an innovative diagnostic technique: measurement of glycated hemoglobin. Due to a lack of awareness and certain sociocultural patterns, 39% of the population is at risk of diabetes.

- 4,141 beneficiaries screened every three months with the new technique
- 12,423 tests performed
- 100% coverage of the diabetic population of Wihdat

*Results to December 2014
ASOCIACIÓN COMPARTIR
STRENGTHENING THREE HEALTH CENTERS IN HONDURAS

Dermatitis, respiratory illness, digestive diseases and dengue are the most prevalent diseases in Nueva Suyapa, Villa Nueva and Los Pinos: three towns whose health center laboratories have been strengthened with equipment and consumables. Working with a community focus that involves training local leaders, the aim of this project is to reduce the morbo-mortality rate and increase comprehensive care coverage for women.

800 out of 1.403 children and young people benefiting from disease awareness-raising

PATIENTS RECEIVING CARE FOR RESPIRATORY, GASTROINTESTINAL, DERMATOLOGICAL AND SEXUALLY TRANSMITTED DISEASES
13.514

PATIENTS RECEIVING ADEQUATE TREATMENT
80%

PATIENTS SCREENED AND TREATED FOR DENGUE
10

3 centers with 5 contraceptive methods
1.800 patients with greater knowledge of these methods

CASAL DELS INFANTS
CENTRE FOR COMMUNITY INITIATIVES FOR EDUCATION AND SPORT

The aim of this center is to improve the living conditions of young people in Beni Makada (Tangier, Morocco) by providing educational opportunities through informal education, learning support, leisure and work experience. The center embodies a community approach that emphasizes participation.

PATIENTS RECEIVING ADEQUATE TREATMENT
80%

PATIENTS SCREENED AND TREATED FOR DENGUE
10

80% patients receiving adequate treatment

INFORMAL EDUCATION LEARNING SUPPORT SPORTING ACTIVITIES CAREERS GUIDANCE AND WORK EXPERIENCE SERVICE

44 40 277

From 8 associations and 3 schools

*Results to December 2014
OTHER PROJECTS

SAUCE
Support for Battambang health center

The center has cared for 1,820 patients, 690 of whom were referred on to hospitals, and has attended 8,047 people in remote villages. It has trained 54 health professionals, and has improved the infrastructure of the center, which is the public face of this integrated project created with the aim of educating disabled victims of land mines.

EMALAIKAT
Ophthalmological project in Turkana

Following eye health care successful campaigns, 42,570 patients with eye problems in the nomadic region of northeastern Kenya have been treated. 844 cataract operations have been performed, 2,497 for trachoma. 241,947 children have received vitamin A with the aim of combating xerophthalmia, and Probitas has funded training for 12 local people.

GESTA AFRICA
Support for national program to combat blindness

The mobile surgery unit has improved eye care in Senegal with the acquisition of a microscope and an autoclave, and a campaign that has treated 286 patients without recourse to surgery. In light of the outbreak of Ebola, the team advised against a second campaign.

RMF
Medical care in educational establishments

6,425 children have received checkups as a result of this school medical service in Zghara, a region that has some of the highest levels of poverty and immigration in Lebanon. Care has increased by 20% as a result of over 400 Syrian refugees being included in the project. Detection of tooth decay has doubled (1,845 cases) and a significant rise in obesity has been identified.
OTHER PROJECTS

IPI-COOPERACIÓN
Developing maternal and neonatal health in Ethiopia

The new maternity center and waiting homes at the Woldiya Hospital will open in 2015. As the work nears completion, the training of local staff in obstetric and neonatal emergencies has begun. As a result, combined with efforts to raise awareness, the hospital and nearby health centers have cared for twice as many women as they did in 2013.

AZIMUT 360
Photovoltaic energy for the health center in Gonfreville

A hybrid photovoltaic system has enabled this health center in Côte d’Ivoire to care for patients and enjoy an uninterrupted power supply 24 hours a day, so that it can store vaccines and medicines in the correct manner. Two technicians are being trained to maintain the installation, which will have a remote monitoring system, and staff of the center are being trained in the efficient use of electricity.

FUNDACIÓ GUNÉ
Strengthening health services in Kolda

Although the Ebola outbreak in Guinea obstructed the progress of this project, designed to reduce mother and infant morbo-mortality in the remote Senegalese district of Diaobé, 29,510 people participated in community health and family planning campaigns. Refurbishment of the local maternity center also led to a 53% increase in child vaccination.

OHSJD
Building a health center in Amrahia

After one year of construction work, the district of Tema will have a new health center in March 2015. The new facility is designed to be integrated within the Ghanaian public health service in order to reduce the need for highly vulnerable members of the population to travel to receive health care, as well as contribute to combat high rates of malaria, diarrhea and respiratory infection.
### ECONOMIC IMPACT

#### BALANCE SHEET (31 DECEMBER 2014)

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working capital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receivables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other receivables</td>
<td>66,101</td>
<td>3,767</td>
</tr>
<tr>
<td>Cash &amp; Banks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Banks and credit institutions, demand current accounts</td>
<td>359,230</td>
<td>121,557</td>
</tr>
<tr>
<td>Total working capital</td>
<td>425,331</td>
<td>125,324</td>
</tr>
<tr>
<td>TOTAL ASSETS</td>
<td>425,331</td>
<td>125,324</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIABILITIES</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endowment fund</td>
<td>60,000</td>
<td>60,000</td>
</tr>
<tr>
<td>Accumulated earnings</td>
<td>-41,379</td>
<td>-48,974</td>
</tr>
<tr>
<td>Surplus from fiscal year</td>
<td>-5,330</td>
<td>-7,695</td>
</tr>
<tr>
<td>Total equity</td>
<td>24,051</td>
<td>18,721</td>
</tr>
<tr>
<td>Short-term payables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creditor beneficiaries</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Suppliers and other payables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debts for purchases &amp; provision of services</td>
<td>356,641</td>
<td>66,409</td>
</tr>
<tr>
<td>Public administrations</td>
<td>18,997</td>
<td>15,109</td>
</tr>
<tr>
<td>Other current liabilities</td>
<td>25,603</td>
<td>25,085</td>
</tr>
<tr>
<td>Total short-term payables</td>
<td>401,280</td>
<td>106,603</td>
</tr>
<tr>
<td>TOTAL LIABILITIES</td>
<td>425,331</td>
<td>125,324</td>
</tr>
</tbody>
</table>

#### PROFIT AND LOSS ACCOUNT (31 DECEMBER 2014)

<table>
<thead>
<tr>
<th>EXPENSES</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel costs</td>
<td>263,684</td>
<td>224,008</td>
</tr>
<tr>
<td>Monetary aid and other expenses</td>
<td>2,351,347</td>
<td>1,942,395</td>
</tr>
<tr>
<td>Other expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>External services</td>
<td>34,485</td>
<td>75,836</td>
</tr>
<tr>
<td>Taxes</td>
<td>50</td>
<td>44</td>
</tr>
<tr>
<td>Total operating expenses</td>
<td>2,385,619</td>
<td>2,018,275</td>
</tr>
<tr>
<td>Positive operating results</td>
<td>5,435</td>
<td>7,718</td>
</tr>
<tr>
<td>Financial expenses</td>
<td>105</td>
<td>23</td>
</tr>
<tr>
<td>Positive results from ordinary activities</td>
<td>5,330</td>
<td>7,695</td>
</tr>
<tr>
<td>Fiscal year positive surplus (profit)</td>
<td>5,330</td>
<td>7,695</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INCOME</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundation earnings from activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Earnings from promotions, sponsors and collaborations</td>
<td>2,655,000</td>
<td>2,250,000</td>
</tr>
<tr>
<td>Total operating income</td>
<td>2,655,000</td>
<td>2,250,000</td>
</tr>
<tr>
<td>Negative operating results</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Financial results</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Negative results from ordinary activities</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Fiscal year negative surplus (loss)</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Note:** At 31 December, Probitas Fundación Privada has 3,482,752 euros from previous years at its disposal, accrued and pending application plus more than 4,127,760 euros corresponding to the 0.7% of the 2014 result from the Grifols consolidated group, totaling 7,610,512 euros.
AND HERE

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